

Attachment D

OMB No. 1894-0003
Exp. 05/31/2027

P. 002

Data Privacy and Security Measures Certification (See instructions.)

11. Is a statement affirming that you are aware of federal and state data security and student privacy regulations included, with supporting documentation attached? X Yes No N/A

Information Privacy and Security Management Process

NWESD 189 will establish procedures to create and maintain an Information Privacy and Security Management Process to ensure the confidentiality, integrity, and availability of consumer information. The procedures include the following components:

1. Risk Assessment. The NWESD 189 will document risk assessment of consumer information held by the organization at least annually or upon significant changes to operations or the environment.
- A. Risk analysis and assessment will be carried out using the processes and steps recommended in the National Institute of Standards and Technology (NIST) Special Publication 800-30, "Risk Management Guide for Information Technology Systems" (<http://csrc.nist.gov/publications/PubsSPs.html#800-30>) and any guidance issued by the US Department of Health and Human Services in support of Health Insurance Portability and Accountability Act (HIPAA) compliance and risk analysis.
- B. Risks will be mitigated and managed by NWESD 189 to the best of its abilities within reasonable constraints of cost, staff ability, and hardware/software capabilities.
- C. Risk analysis and assessment will be reviewed and updated whenever there are material changes in systems or operations controlled by NWESD 189, or significant changes in the security environment in which NWESD 189 operates, or no less frequently than every two (2) years.
2. Information Security Evaluation. The NWESD 189 will perform ongoing evaluations of the information security-related technical measures, policies, and procedures in place to ensure they continue to provide the protection necessary for consumer information. The NWESD 189 will also perform an Information Security Evaluation whenever there is a change in environmental or operational conditions that may affect the security of consumer information.
3. Implementation of Secure Systems and Applications. The NWESD 189 will implement and maintain systems and applications using secure best practices, whether developed in-house or procured from an external vendor.
4. Backup and Disaster Recovery. The NWESD 189 will prepare for contingencies and ensure an appropriate response to emergencies or other occurrences that may damage systems that contain consumer information. Information not required to be maintained will be disposed of according to defined procedures. Procedures will be sufficient to restore lost or damaged data with a useful duplicate and to enable the NWESD 189 to continue secure operations while operating in an emergency situation, as practicable.
5. Information Security Incidents. The NWESD 189 will have in place an Information Privacy and Security Incident Procedure (6520-P), providing an orderly process for all appropriate workforce members to report and promptly handle security violations. It will include procedures for investigating, mitigating, reporting, processing, and responding to suspected or known information security incidents, as well as periodic review in order to identify risks to the privacy and security of consumer information.
6. Information System Usage Audits and Activity Reviews. The Behavioral Health and Prevention Services Program Director in consultation with the Technology Services Department will conduct, on an annual basis or as related to an incident or other event/ activity, reviews and audits of information access, system usage, and internal security controls.
7. Training. The NWESD 189 will establish an Information Security Awareness and Privacy Training Program for the purpose of ensuring that all appropriate workforce members, including management, are aware of the NWESD 189's privacy and security policies, procedures, and general principles of information security.
8. Contracts with Third Parties. The NWESD 189 will enter into written agreements with any entities that create, receive, maintain, or transmit protected consumer information on behalf of the organization, in order to require the protection of the security of any and all such information.
9. Documentation. The NWESD 189 will document any policies and procedures implemented as well as any actions, activities, and assessments required to be performed under these policies. Documentation will be maintained for at least six (6) years from the date of issue or the date of last effect, whichever is later. The documentation will be periodically reviewed and updated as needed, in response to environmental or operational changes affecting the privacy or security of confidential information, or in response to modifications in regulations or guidance for compliance.

Information System User Procedures

The computer systems at NWESD 189 are provided to employees to perform their jobs. As such, NWESD 189 reserves the right to determine appropriate use of the equipment and software that employees use. No employee is allowed to employ these resources for personal use or gain. It is the responsibility of supervisors to monitor the appropriate behavior of their employees, with the guidance and support of Technology Services Department.

10. NWESD 189 workforce members will comply with the requirements of applicable privacy and security standards and regulations. Compliance will be ensured through the use of measures such as training, security reminders, policies and procedures, sanctions for policy violations, and monitoring of workforce activities.
11. Employees who are granted access to the computer systems at NWESD 189 agree to abide by the policies guiding the appropriate use of these systems, pursuant to policy 2022, Electronic Information System (Networks), and its procedures/forms. Any employee found in violation of this policy will be subject to a security investigation and possible disciplinary action, up to and including termination. Some violations may also constitute a criminal offense and may result in legal action according to federal and state laws.

Performance Measures Status and Certification (See instructions.)**12. Performance Measures Status**

- a. Are complete data on performance measures for the current budget period included in the Project Status Chart? X Yes No
- b. If no, when will the data be available and submitted to the Department? / / (mm/dd/yyyy)

13. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-33812).

Furthermore, to the best of my knowledge and belief, all data in this performance report are true, complete, and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of data reported.

Ismael Vivanco, Ed.D.

Title: Superintendent

Name of Authorized Representative:

Signature:

Date:

04/14/2025



U.S. Department of Education
Grant Performance Report Cover Sheet (ED 524B)

OMB No. 1894-0003
Exp.

Check only one box per Program Office instructions.

☒ Annual Performance Report ☐ Final Performance Report

PR/Award # (11 characters): **S184H220074**

Executive Summary

In the second year of this grant effort, we have made significant progress toward the goals and objectives originally outlined in our proposal. Through these continued efforts we are successfully responding to the challenge of growing school-based clinical mental health services across our region in order to increase mental health access to students and families. Our project design, which includes the recruitment of Mental Health Professional (MHP) staff who have the experience, education, and credentials necessary to provide full clinical mental health services, has been a highly valued and sought-after service. Our clinical process with student-clients includes a full mental health assessment, ongoing individualized therapeutic treatment provided at their school site during the school day. Family and caregivers are routinely involved in the process and participate in care planning and services as appropriate. Students who are over age 13 may engage in this service independently of their caregivers, which in many cases provides an access option that would not otherwise be available.

Building on the benefit of experience from our first year, we have been working with our school partners to refine their own screening methods for identifying and referring the students who need this level of intervention. As an Education Services District, we routinely work with our school district partners in our region to advance their Multi-Tiered System of Supports (MTSS) processes toward this goal. The broader embrace of MTSS has brought increased awareness and understanding of school-based behavioral health services to our school districts, and individual school student support teams. Our SBMHP+ staff also provide mental health consultation to their school sites and have opportunities to provide mental health awareness and promotional activities to staff, parent, and student groups.

Our SBMHP+ staff can provide this elevated level of care given the support of a comprehensive supervision plan delivered by our Program Manager(s), Administrator and Assistant Director. Clinical level care includes serving students with significant symptoms of mental health struggles including anxiety, depression, self-harm, suicidality, and PTSD. Our supervisors make available and provide regular weekly, one-hour supervision meetings for each therapist, as well as being readily available by phone and email on any given day. This ensures an additional measure of safety and confidence in the work we do with our student-clients and families, and provides additional encouragement, technical assistance, and access to support for our clinicians.

The scope and extent of services made possible by way of this grant helps to shape a larger school-based behavioral health care effort. This project is allowing us to produce clear data which will inform a fiscal model that supports a pathway to sustainability well beyond the course of this grant. Our collaboration, which brings together education and behavioral health partners, continues to evolve and strengthen. We are refining and advancing communication channels between partners while endorsing a mutual understanding of shared responsibilities.

Recruitment and Retention of SBMH+ staff

Due to a robust response to our initial partnership petition, and continued interest for increased mental health support from our district partners, we have had a mandate to fill positions more quickly than originally anticipated. We developed the recruiting package around this MHP role to be increasingly attractive to potential employees, and more in line with an equitable level of compensation as compared to other school-based roles. Because of that, we were able to recruit for and gather a generous pool of candidates - then totaling twenty-seven (27) qualified applicants. We were subsequently able to interview and hire all our positions expeditiously and thus respond efficiently to the additional interest from our school districts partners. The program has only seen one MHP leave their role in this period, and we were quickly able to fill that position. We continue to exceed the rate of our initial goals for hiring. As of the date of this reporting period, we have brought on a total of eighteen (18) Mental Health Professionals as part of this grant project, outpacing the initial goal of fourteen (14) by year two, and even of seventeen (17) in year three.

Equitable Compensation and Benefits

We have successfully applied our program design which aimed to provide increasingly equitable compensation and employment conditions to its associated roles. This includes an improved salary matrix with closer parity to education salary scales, additional salary incentives for achieving full licensure and inducements for remaining with the agency after becoming fully licensed, and an annual retention stipend. In this period our program has also leaned into its 'grow your own' strategy, having now seen two (2) of our originally paid student interns become credentialed as associate mental health counselors, and subsequently retained in fulltime clinical positions. We have also seen through the course of this project four (4) MHP staff who completed their associate professional hours under our supervision, then pass their licensing exams, and now practice with us as fully credentialed and licensed Clinical Social Worker, Mental Health or Marriage and Family counselors.

Clinical Supervision

Our SBMHP+'s have access to weekly, one-hour, individual clinical supervision with their direct supervisor. All our supervisory staff meet Washington state criteria as *Approved Supervisors*. This past year supervisors have completed over six hundred (600) hours of individual supervision time to SBMHP+ clinicians. All clinical staff have also participated in quarterly regional group consultation/training with their area cohorts, and over thirty (30) hours of clinical and program procedural training via quarterly Professional Learning Communities (PLC) day-long sessions. Supervisors and program directors also routinely meet for their own consultation with their department leads, and the management team convenes regularly as a group to improve programming, conduct quality management, and consult on challenging ethical or programmatic situations.

Professional Development and Training

MHPs use paid time to attend training courses at the NWESD, as well as trainings offered by external professional organizations and trainers. Clinicians have access to an individual training allotment, and identify with their supervisor, content that will specifically advantage their work with the age groups or populations they serve. The SBMHP+ team convenes for direct periodic clinical consultation with an agency contracted child psychiatrist and has also received a specific training session related to pediatric psychopharmacology from this provider. Our clinicians have additionally been provided with the opportunity to participate in monthly consultations with a contracted Motivational Interviewing trainer.

In this past year some of the trainings individual MHP staff have participated in include: Trauma Focused Cognitive Behavioral Therapy and other trauma specific trainings, Somatic Experiencing, Licensing Preparation, Supervision Training, Play Therapy, Motivational Interviewing, Ethics and Documentation, Dialectical Behavioral Therapy, Internal Family Systems, Suicide Assessment, Management and Treatment, Treatment Planning, Eating Disorders, Neurodivergence, Anxiety Disorder Treatment, Childhood Grief, and others.

Decrease Student to Mental Health Professional Ratio

Due to our precipitous ramping up of services spurred by a successful initial recruitment of staff, we have been able to outpace our original intentions for site placement, and thus more quickly get services to a significant number of student clients.

Our current ratio of 16400 (students) / 25 (MHP's) represents a decrease from **1:1640 to 1:656** or a **60% improvement in MHP's to student's ratio. This is directly attributable to the quality professionals we have been able to hire, and the resultant workforce generated by way of this grant.** By the close of December 2024, we have a total of eighteen (18) DOE project funded, and seven (7) other-funded SBMHP+ positions, for a total of twenty-five (25) MHP's program-wide. We have planned for another MHP to be added in February of 2025. The benefits of this project now allow our mental health programs to secure fifteen (15) individual contracts with our DOE funded districts, serving a total of thirty-eight (38) school sites. Including our other funded school-based mental programs we now have twenty-four (24) school district contracts making services accessible at fifty-two (52) individual school sites.

The remarkable result of this effort is that **793 individual students were the recipients of some 7,870 mental health related service sessions** in the period between January 01, 2024, and December 31, 2024. This figure represents the significant impact of increased access by way of school-based services. It also indicates **7,870** times that a student/family was able to access care during their school day, treatment they may not have otherwise been able to access or would otherwise have had to experience a disruption to the school or workday to receive.

Diversify Funding Mechanisms and Develop Sustainable Services

As we continue to build out our service footprint with the support of current funds, we have our eye on sustainability of programs beyond the course of this grant. To this end, we are continuing to build on our relationships with the county governments in our region, some of which are current and historical supporters of our behavioral health projects. We hope to

continue to leverage the successes of our current programs and the efficiency of our service delivery to bring support from other regional county partners.

We are currently participating in a pilot of Medicaid billing with one of our county partners, and in doing so have established contracts with five Managed Care Organizations. This effort will help us gain clarity through the details of Medicaid processes to determine the viability of Medicaid as a significant ongoing funding source. As we continue to look at creative and cost-effective solutions to bring behavioral health access to more student/family constituents, we are participating in a pilot of telehealth services in two districts to explore the viability of this model. We will continue our successful collaboration with our individual school districts as essential financial partners, and they will continue to be the necessary agents in sustaining these programs. Collectively, these strategies are working towards an effort to create a braided funding approach of local, health care and school district funding to support these positions into the future.

Cross System Collaboration

In our effort to sustain viable mental health programs, our managers continue to collaborate with a variety of partners adjacent to this work. This includes Washington statewide and regional agencies, county governments, educational entities, community agencies, private practitioners, etc. NWESD is elevating and amplifying this service model regionally and statewide to demonstrate the clear advantages for youth and families to access behavioral health treatment within their school systems. For example, we participate in the effort of Washington State's nine Educational Service Districts who are working together to develop the capacity to offer Behavioral Health Treatment services statewide, like the model of this project. Our Project Director, Natalie Gustafson, is contributing to a statewide workgroup, Washington Thriving, who is developing the Prenatal – 25 Strategic Plan for Children and Youth Behavioral Health. Behavioral Health Administrator, Christopher Allen, participates in Washington's North Sound Regional committee addressing long-term behavioral residential stays, and development of a regional behavioral health navigator program. NWESD also maintains relationships with higher education institutions and professional organizations to increase recruitment of staff and advance program awareness in our community of mental health professionals.